

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-19-05

2 Serial/Patent # 10/520365

3 Please refund the following fee(s):

<input checked="" type="checkbox"/>	Filing
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Extension of Time
<input type="checkbox"/>	Notice of Appeal/Appeal
<input type="checkbox"/>	Petition
<input type="checkbox"/>	Issue
<input type="checkbox"/>	Cert of Correction/Terminal Disc.
<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Assignment
<input type="checkbox"/>	Other

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

\$ 50

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

☒ Treasury Check

Credit Deposit A/C #:

9

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10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

SIGNATURE: [Signature]

OFFICE: PCT D/E0

TITLE: Paralegal Specialist

PHONE: 7) 308-9140 ext 241

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: [Signature]

DATE: 7-20-05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

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1 Date of Request: 7-19-05      2 Serial/Patent # 10/520365

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ <u>180</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND      \$ 180

8 TO BE REFUNDED BY:

☒ Treasury Check

Credit Deposit A/C #:

9 

		--				
--	--	----	--	--	--	--

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

Improper Claims

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: [Signature]

PHONE: 71308-9140 - 211

OFFICE: PCT DO/EO

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